PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-144US OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE** FEE RATE FEE **BASIC FEE** 710 \$ OR (37 CFR 1.16(a) TOTAL CLAIMS 21 1 <sub>x \$\_</sub>18 = minus 20 = 18 OR INDEPENDENT CLAIMS 1 0 minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 728 **TOTAL** \* If the difference in column 1 is less then zero, enter "0" in column 2 OR TOTAL OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = x \$ (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL **TOTAL** OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR TOTAL TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3)

**CLAIMS** HIGHEST REMAINING NUMBER **PRESENT AMENDMENT AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

ADDI-ADDI-RATE TIONAL **RATE** TIONAL FEE FEE OR x \$. OR OR OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DATENT	ADDI	ICATION.	EEE DET	ERMINATION	DECORD
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Effective October 1, 2000

Application or Docket Number

09738294

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		21				[	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			21 minus 20= '		*		.	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			1 mir	nus 3 =	*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								i			OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	`	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE-
<b>AMENDMENT</b>	Total	*==	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL 1114	<u> </u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM		J	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL	
	i e se	(Column 1)	į	(Colu	mn 2)	(Column 3)		المحال		• .	7,0011.7 EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	£
AMENDMENT	Independent	*	Minus	***		=	]	X40=		OR	X80=	
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							ł	TOTAL			TOTAL	
	•	(Calumn 4)		(Calu	mn 2\	(Column 3)		ADDIT. FEE		,	ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total,	*	Minus	**		=		X\$ 9= :		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>⋏</b>	+135=			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	lf the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	n 20, enter "20.	)." /	ADDIT. FEE		OR	ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												